

**Crowther, Joan (DEQ)**

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**From:** Arnold, Doug [darnold@ocss-va.org]  
**Sent:** Wednesday, December 18, 2013 5:27 PM  
**To:** Crowther, Joan (DEQ)  
**Cc:** Grimesey, Robert; crooks365@aol.com; Hyatt, Doug; Grayson, Linda  
**Subject:** RE: VA0062961 Lightfoot Elementary School Letter dated 12 18 13

Joan,

On behalf of Dr. Grimesey, it is my pleasure to confirm or correct each item as noted in red.

Thanks,  
Doug Arnold  
Coordinator of Facilities and Maintenance  
Orange County Public Schools  
200 Dailey Drive  
Orange, VA 22960  
Phone 540-661-4550

Thank you for submitting your VPDES Permit Application early. Your application dated December 5, 2013, received December 9, 2013, has been reviewed and appears to be complete except for the following items which appear to be typographical errors:

EPA Form 1 – Part VI Facility Location – The street, city and zip code states “31230 Constitution Highway”, “Orange” and “22960”; I believe it should be “11360 Zachary Taylor Highway”, “Unionville” and “22567”. Confirmed.

EPA Form 2A – Part A.1. Facility Address – It states the facility address is “31230 Constitution Highway, Orange, VA 22960; I believe it should be “10360 11360 Zachary Taylor Highway, Unionville, VA 22567”.

EPA Form 2A – Part A.4. Collection System Information – It states “Locust Grove” and “750”; I believe that this information is referring to Locust Grove Elementary School and not Lightfoot Elementary School. Confirmed. Please either provide the corrections or confirm the above information by January 30, 2014.

**From:** Crowther, Joan (DEQ) [<mailto:Joan.Crowther@deq.virginia.gov>]  
**Sent:** Wednesday, December 18, 2013 3:00 PM  
**To:** Grimesey, Robert  
**Cc:** Arnold, Doug; [crooks365@aol.com](mailto:crooks365@aol.com)  
**Subject:** VA0062961 Lightfoot Elementary School Letter dated 12 18 13

Dr. Grimesey,

Please find attached my December 18, 2013 letter regarding the Lightfoot Elementary School VPDES Permit Application. Please let me know if you have any questions.

Happy Holidays!

Thanks

Joan

Joan C. Crowther  
VPDES Permit Writer  
VA Department of Environmental Quality

13901 Crown Court  
Woodbridge, VA 22193  
703-583-3925  
fax 703-583-3821  
[joan.crowther@deg.virginia.gov](mailto:joan.crowther@deg.virginia.gov)

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in The Orange County Review in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Orange County Public Schools

Owner: Orange County Public Schools

Agent/Department Address: 200 Dailey Dr.

Orange, Va. 22960

Agent's Telephone No.: 540-661-4550

Printed Name: Dr. Grimesey

Authorizing Agent – Signature: 

Date: 12/5/13

VPDES Permit No. - VA0062960

Facility Name – Lightfoot Elementary School STP



FORM <b>1</b> GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:85%;">VA0062961</td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> </table>	S	VA0062961	T/A	C	F			D																																														
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LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE																																																							
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> .		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																																																							
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CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	8	2	1	1	(specify) Elementary School	C	7	4	9	5	2	(specify) Wastewater Treatment						
15	16	17	18	19		15	16	17	18	19									
C. THIRD										D. FOURTH									
C	7	(specify)	C	7	(specify)														
15	16	17	18	19	15	16	17	18	19										

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																																																								
C	8	Dabney & Crooks, Inc.													55	56																																																																																																							
15	16														55	56																																																																																																							
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)															D. PHONE (area code & no.)																																																																																																								
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C	B	Fredericksburg													Va					22404					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																																														
15	16														40					41					42					43					44					45					46					47					48					49					50					51					52					53					54					55					56					57					58					59					60				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)															
C	T	I	9	N	VA0062961										C	T	I	9	P											
15	16	17	18	19											30	15	16	17	18	19										
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)															
C	T	I	9	U											C	T	I	9												
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C. RCRA (Hazardous Wastes)															E. OTHER (specify)															
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XI. MAP

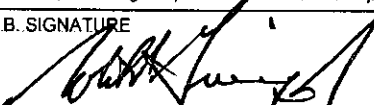
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

PUBLIC SCHOOL

XIII. CERTIFICATION (see instructions)

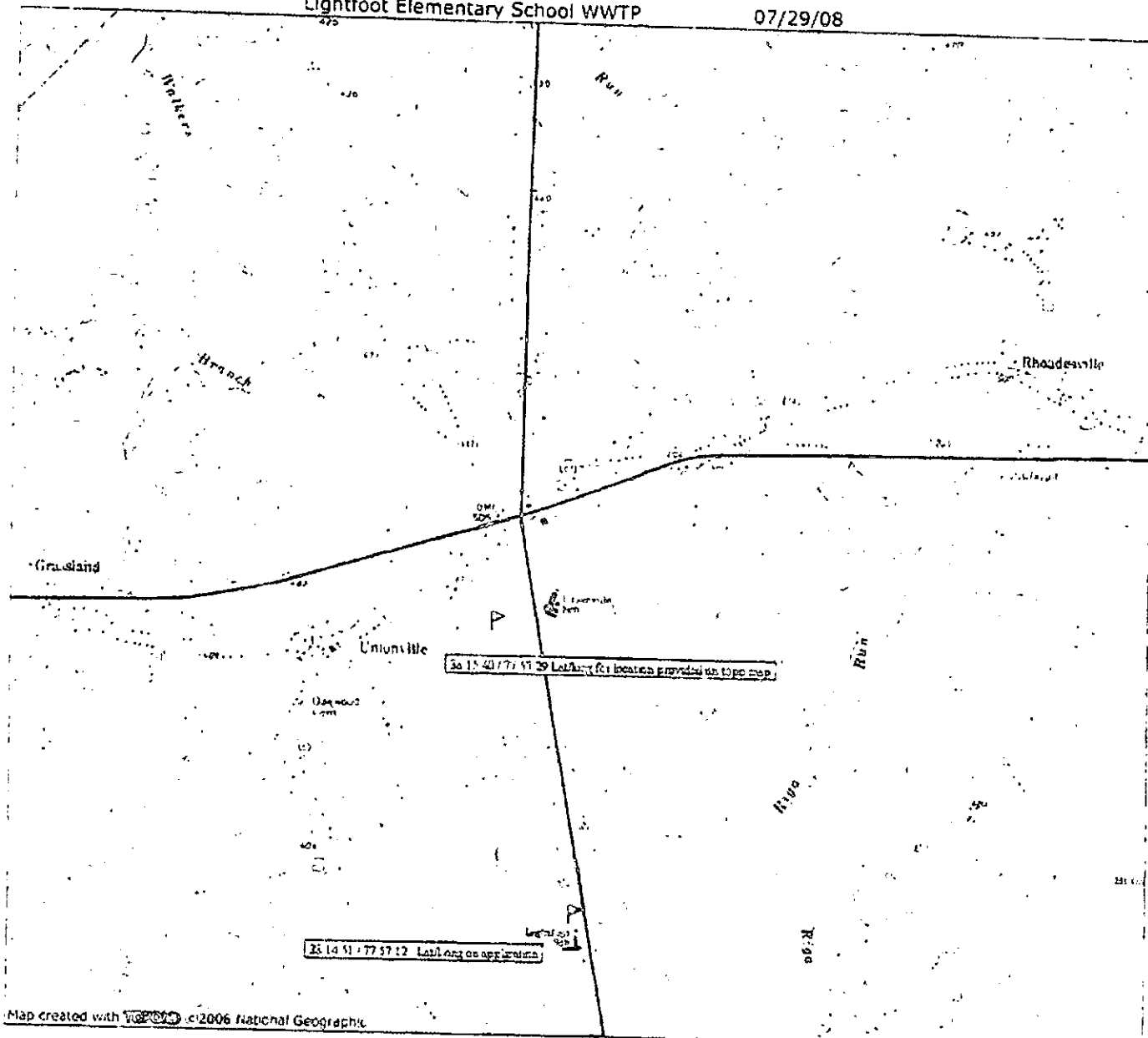
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED														
Dr. Robert P. Grimesey																														12/5/13														

COMMENTS FOR OFFICIAL USE ONLY

C														
15	16													

07/29/08



**NATIONAL  
GEOGRAPHIC**

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07/29/08

**FACILITY NAME AND PERMIT NUMBER:**

Lightfoot Elementary School STP - VA0062961

Form Approved 1/14/99  
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:**

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

**A.1. Facility Information.**Facility name Lightfoot Elementary School STPMailing Address 200 Dailey Dr., Orange, Va. 22960Contact person Dr. Robert GrimeseyTitle Superintendent of Public SchoolsTelephone number (540) 661-4550Facility Address 31230 Constitution Hwy., Oragne, Va. 22960

(not P.O. Box)

**A.2. Applicant Information.** If the applicant is different from the above, provide the following:Applicant name Same

Mailing Address

Contact person

Title

Telephone number

Is the applicant the owner or operator (or both) of the treatment works?



owner

☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility

applicant

**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).NPDES VA0062961

PSD

UIC

Other

RCRA

Other

**A.4. Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name

Population Served

Type of Collection System

Ownership

Locust Grove Elem. School750SeperateMunicipalTotal population served 750

## FACILITY NAME AND PERMIT NUMBER:

Lightfoot Elementary School STP - VA0062961

Form Approved 1/14/99  
OMB Number 2040-0086

## A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

## A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.0040
- mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	<u>0.0017</u>	<u>0.0016</u>	<u>0.0014</u> mgd
c. Maximum daily flow rate	<u>0.0040</u>	<u>0.0037</u>	<u>0.0040</u> mgd

## A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer \_\_\_\_\_ %

## A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other 0

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_

Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd

Is discharge \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ Mgd

Is land application \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No



**FACILITY NAME AND PERMIT NUMBER:**

Lightfoot Elementary School STP - VA0062961

Form Approved 1/14/99  
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

\_\_\_\_\_

If transport is by a party other than the applicant, provide:

Transporter name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the NPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

\_\_\_\_\_ Yes

\_\_\_\_\_ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

\_\_\_\_\_

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

## FACILITY NAME AND PERMIT NUMBER:

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## WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

## A.9. Description of Outfall.

- a. Outfall number 001
- b. Location N/A  
(City or town, if applicable) Orange (Zip Code) Virginia  
(County) 38 14 51 N (State) 77 57 12 W  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate 0.0014 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?  
☒ Yes ☐ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: 225-250
- Average duration of each discharge: 8-10 Hours
- Average flow per discharge: 0.0056 mgd
- Months in which discharge occurs: August thru May
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

## A.10. Description of Receiving Waters.

- a. Name of receiving water Unnamed tributary to Riga Run
- b. Name of watershed (if known) York River  
United States Soil Conservation Service 14-digit watershed code (if known): Unknown
- c. Name of State Management/River Basin (if known): Unknown  
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): Unknown
- d. Critical low flow of receiving stream (if applicable):  
acute N/A cfs chronic N/A cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO<sub>3</sub>

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- c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: \_\_\_\_\_

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: \_\_\_\_\_

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

**END OF PART B.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

## FACILITY NAME AND PERMIT NUMBER:

Lightfoot Elementary School STP - VA0062961

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## A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☐ Primary☒ Secondary☐ Advanced☐ Other. Describe: \_\_\_\_\_

- b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal >90 %Design SS removal >90 %Design P removal >90 %Design N removal >90 %

Other \_\_\_\_\_ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall?

☒ Yes ☐ No

- d. Does the treatment plant have post aeration?

☒ Yes ☐ No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.2	s.u.			
pH (Maximum)	8.3	s.u.			
Flow Rate	0.0040	MGD	0.0014	MGD	225
Temperature (Winter)	9	C	8	C	2
Temperature (Summer)	22	C	20	C	2

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

## CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	25	MG/l	8.9	MG/L	12	SM5210B	2.0
	CBOD-5	N/A						
FECAL COLIFORM		340		<1	MPN/100	20	Colalert	1
TOTAL SUSPENDED SOLIDS (TSS)		30	MG/L	13.8	MG/L	12	EPA160.2	1.0

## END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

**FACILITY NAME AND PERMIT NUMBER:**

Lightfoot Elementary School STP - VA0062961

Form Approved 1/14/99  
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Dr. Robert Grimesey, Superintendent Public SchoolsSignature Telephone number (540) 661-4550Date signed 12/5/13

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

**SCREENING INFORMATION**

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?  
☐ Yes ☒ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☒ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).

## SECTION A. GENERAL INFORMATION

All applicants must complete this section.

## 1. Facility Information.

- a. Facility name: Lightfoot Elementary School
- b. Contact person: Dr. Grimesey  
Title: Superintendent of Public Schools  
Phone: ( 540 ) 661-4550
- c. Mailing address: 200 Dailey Dr.  
Street or P.O. Box:  
City or Town: Orange State: Virginia Zip: 22960
- d. Facility location: 11360 Zachary Taylor Hwy.  
Street or Route #: 522  
County: Orange  
City or Town: Orange State: Va Zip: 22960
- e. Is this facility a Class I sludge management facility? Yes ☒ No
- f. Facility design flow rate: 0.004 mgd
- g. Total population served:
- h. Indicate the type of facility:  
☒ Publicly owned treatment works (POTW)  
☐ Privately owned treatment works  
☐ Federally owned treatment works  
☐ Blending or treatment operation  
☐ Surface disposal site  
☐ Other (describe):

## 2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name:
- b. Mailing address:  
Street or P.O. Box:  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. Contact person:  
Title:  
Phone: ( ) \_\_\_\_\_
- d. Is the applicant the owner or operator (or both) of this facility?  
\_\_\_\_\_ owner \_\_\_\_\_ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)  
\_\_\_\_\_ facility \_\_\_\_\_ applicant

## 3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA0062961
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes ☒ No If yes, describe:

**FACILITY NAME:** Lightfoot Elementary School STP **VPDES PERMIT NUMBER:** VA0062961

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
  - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☒ Yes ☐ No  
If yes, provide the following for each contractor (attach additional pages if necessary).  
Name: Dabney & Crooks Inc.  
Mailing address:  
Street or P.O. Box: P.O. 7783  
City or Town: Fredericksburg State: Va Zip: 22404  
Phone: ( 540-373-0380 )  
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
- If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).
8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	N/A			
Cadmium	N/A			
Chromium	N/A			
Copper	N/A			
Lead	N/A			
Mercury	N/A			
Molybdenum	N/A			
Nickel	N/A			
Selenium	N/A			
Zinc	N/A			

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
- ☒ Section A (General Information)  
☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)  
☐ Section C (Land Application of Bulk Sewage Sludge)  
☐ Section D (Surface Disposal)

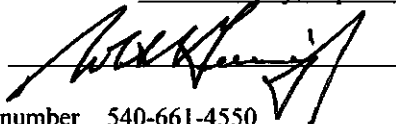


**FACILITY NAME:** Lightfoot Elementary School STP **VPDES PERMIT NUMBER:** VA0062961

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Dr. Grimesey, Superintendent

Signature



Date Signed

12/5/13

Telephone number 540-661-4550

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION  
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.  
Total dry metric tons per 365-day period generated at your facility: <.1 dry metric tons
2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
  - a. Facility name:
  - b. Contact Person:  
Title:  
Phone ( )
  - c. Mailing address:  
Street or P.O. Box:  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - d. Facility Address:  
(not P.O. Box)
  - e. Total dry metric tons per 365-day period received from this facility: \_\_\_\_\_ dry metric tons
  - f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
3. Treatment Provided at Your Facility.
  - a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?  
Class A Class B X Neither or unknown
  - b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:
  - c. Which vector attraction reduction option is met for the sewage sludge at your facility?  
Option 1 (Minimum 38 percent reduction in volatile solids)  
Option 2 (Anaerobic process, with bench-scale demonstration)  
Option 3 (Aerobic process, with bench-scale demonstration)  
Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
Option 5 (Aerobic processes plus raised temperature)  
Option 6 (Raise pH to 12 and retain at 11.5)  
Option 7 (75 percent solids with no unstabilized solids)  
Option 8 (90 percent solids with unstabilized solids)  
X None or unknown
  - d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: None
  - e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: None
4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).  
(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
  - a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:  
\_\_\_\_\_ dry metric tons
  - b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

FACILITY NAME: Lightfoot Elementary School STP VPDES PERMIT NUMBER: VA0062961  
\_\_Yes \_\_No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: \_\_\_\_\_ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name: Massaponax WWTF
- b. Facility contact: Doug Crooks  
Title: Division Director  
Phone: ( 540 ) 540-507-7362
- c. Mailing address:  
Street or P.O. Box: 10900 HCC Drive  
City or Town: Spotsylvania State: Va. Zip: 22408
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: <.1 dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:  

<u>Permit Number:</u>	<u>Type of Permit:</u>
<u>VA0068110</u>	<u>VPDES</u>
- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? X Yes \_\_No  
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?  
X Class A \_\_Class B \_\_Neither or unknown  
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Aerobic Static Pile Composting
- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? X Yes \_\_No  
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?  
\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)  
\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)  
\_\_ Option 3 (Aerobic process, with bench-scale demonstration)  
\_\_ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
X Option 5 (Aerobic processes plus raised temperature)  
\_\_ Option 6 (Raise pH to 12 and retain at 11.5)  
\_\_ Option 7 (75 percent solids with no unstabilized solids)  
\_\_ Option 8 (90 percent solids with unstabilized solids)  
\_\_ None unknown  
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: Aerobic Digestion
- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?  
X Yes \_\_No  
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

- i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.
- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No  
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes ☐ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.  
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.

7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: \_\_\_\_\_ dry metric tons
- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No  
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No  
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

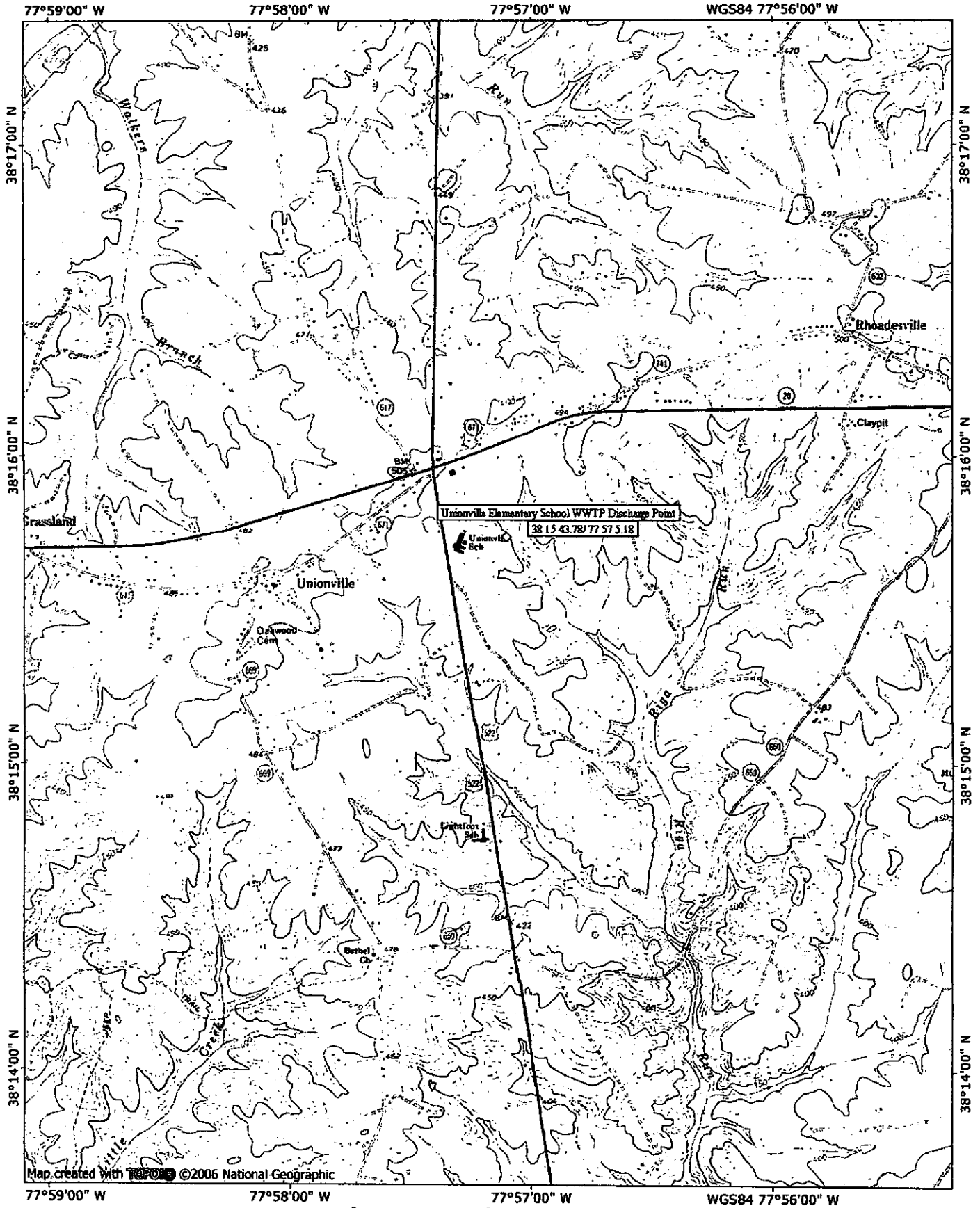
- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: \_\_\_\_\_ dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?  
☐ Yes ☐ No  
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:  
Title:  
Phone: (    )  
Contact is: ☐ Site Owner ☐ Site operator
- e. Mailing address:  
Street or P.O. Box:  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: \_\_\_\_\_ dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:

Type of Permit:

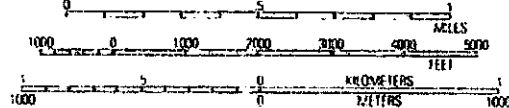
\_\_\_\_\_  
\_\_\_\_\_

Unionville Elementary School (March 10, 2009) Unionville Topo

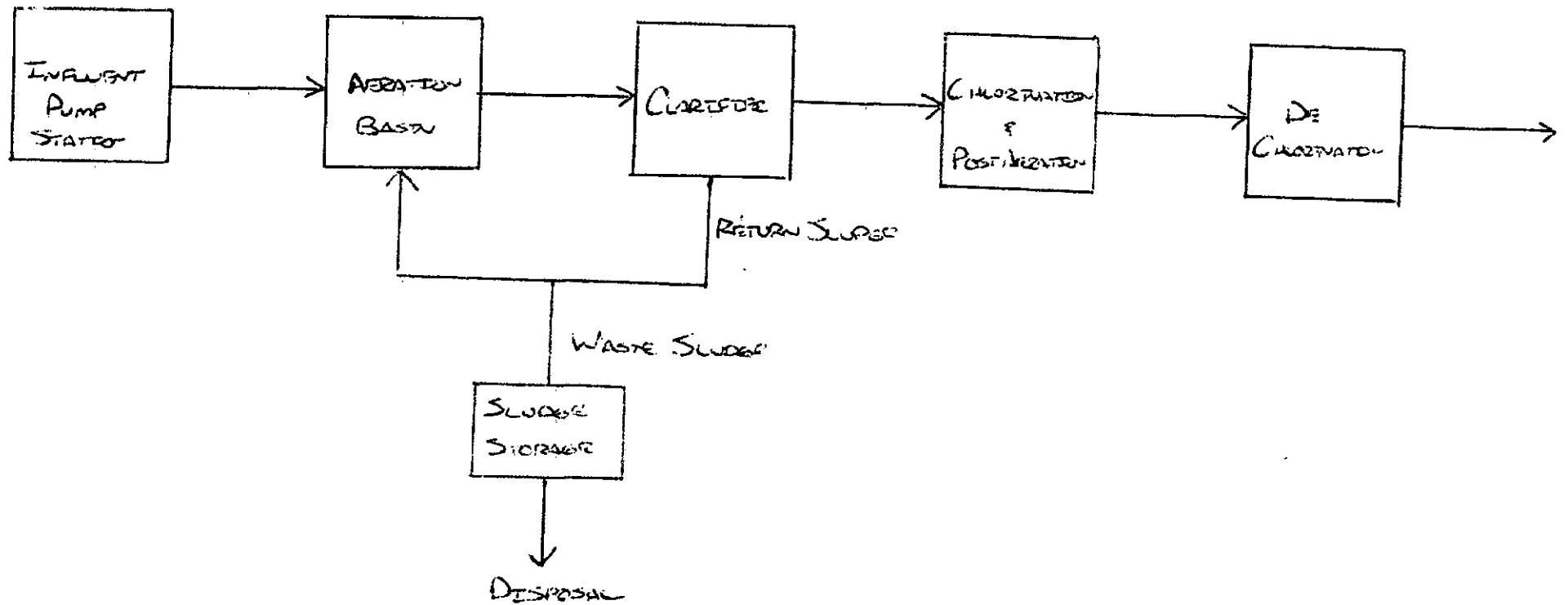


Map created with **TOPOMAP** ©2006 National Geographic

**NATIONAL  
GEOGRAPHIC**



MN ↑ TN  
10°  
03/10/09



## VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Orange County Public Schools

*Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.*

2. Is this facility located within city or town boundaries? Yes ☐ No ☒

3. Provide the tax map parcel number for the land where the discharge is located. \_\_\_\_\_

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 0

5. What is the design average effluent flow of this facility? 0.004 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

*Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?*

6. Nature of operations generating wastewater:

Public School

100% of flow from domestic connections

Number of private residences to be served by the treatment works: 0

0 % of flow from non-domestic connections/sources

7. Mode of discharge: Continuous ☒ Intermittent ☐ Seasonal ☐

Describe frequency and duration of intermittent or seasonal discharges:

Monday thru Friday, August thru June, 0800 to 2000 hrs.

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

☐ Permanent stream, never dry

☒ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☐ Other: \_\_\_\_\_

9. Approval Date(s):

O & M Manual June 2004

Sludge/Solids Management Plan June 2004

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒